

1. Initiator		LAST NAME FIRST		2. Type of Review		3. RID Number	
Name				<input checked="" type="checkbox"/> General Document Review <input type="checkbox"/> PDR, CDR, ABR, PPR (circle) <input type="checkbox"/> Other		00220-	
Organization							
Phone							
Fax							
4a. Doc. Number		84K00220-000		5. Doc. Name		CLCS Concept of Operations (Con-Ops)	
4a. Doc. Revision		Pre-Release 1					
6. Name of RID Team				Con-Ops RID Review Team			
7. Problem							
8. Recommendation							
<input type="checkbox"/> Hardcopy of Redlines/Comments Attached							
9. Impact if recommendation not implemented							
Initiator - Signature _____						Submission Date _____	
10. Team Recommendation				11. Action Required			
<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Study <input type="checkbox"/> Withdrawn <input type="checkbox"/> Deferred to CLCS CCB Change Screening Panel Comments				<input type="checkbox"/> Accepted with Mods <input type="checkbox"/> Update Document <input type="checkbox"/> Study <input type="checkbox"/> Other (specify) _____ Comments			
RID Team Manager - Signature _____							
12. Final RID Closure Action				13. Additional Comments/Notes			
<input type="checkbox"/> RID to be incorporated in next revision <input type="checkbox"/> RID to be incorporated in other (specify) _____ RID Team Manager - Signature _____							

RIDs DUE NO LATER THAN July 3, 1997